



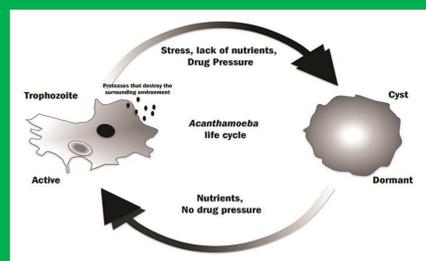
THE DEVELOPMENT AND EVALUATION OF A MULTIPLEX REAL TIME PCR ASSAY FOR THE DIAGNOSIS OF ACANTHAMOEBA AND HERPES SIMPLEX KERATITIS

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Introduction

The inflammation of the cornea caused by *Acanthamoeba* and herpes simplex virus is called *Acanthamoeba* keratitis (AK) and herpetic keratitis (HR) respectively. The most common symptoms of keratitis are eye redness, pain, blurred vision, photophobia, irritation and excess tearing.



(www.opticianonline.net)

Acanthamoeba is an opportunistic protozoa present in a variety of habitats as an active trophozoite or dormant cyst form. More cases of AK are reported in contact lens users (85-88%). HSV - 1 is a more common cause of ocular infection and can cause four types of keratitis. Accurate, fast diagnosis and treatment of AK and HK are essential to prevent the permanent damage of cornea and ultimately loss of sight. Current diagnostic approaches are time-consuming, lack sensitivity, **expensive and require further interventions**.

Aims: Develop a Multiplex PCR assay that can detect AK and HK ensuring good quality of sample and authenticity of the process.

Keyword; *Acanthamoeba*, Herpetic, Keratitis, Multiplex, Assay, PCR, specimen, diagnosis.

Methods

- Two sets of *Acanthamoeba* P+P used from previous journals.
- HSV P+P used from in-house Taqman PCR assay.
- *A. castellanii* and AcroMetrix Multi-Analyte used as +ve controls.
- RNaseP used to determine corneal sample adequacy.
- DNA IC for the extraction process.
- The assays optimised and multiplexed together on LC PCR.
- 8 strains of *Acanthamoeba* cultured on Page's agar plates.
- KOVA glass slide used to count the cysts.
- NA extracted on Roche MagNaPure.
- Amplification was done on LightCycler PCR.
- Comparison between LC and Taqman with 26 HSV strong and weak positive samples.
- 14 HSV clinical specimens spiked with *Acanthamoeba* +ve control.
- The reproducibility test performed on 5 serial dilution of *Acanthamoeba* and HSV positive controls run in replicates of 5 per run, performed on four days.
- 50 corneal scrapes and 60 eye swabs tested to determine SENSITIVITY and SPECIFICITY of the assay.

Results

- ❖ *Acanthamoeba* LOD = **1 copy of genome/ reaction**
- ❖ HSV LOD = **1 genome in 10000 dilutions**
- ❖ On Lightcycle, HSV Ct range = 18.74 – 37.10
- ❖ On ABI Taqman HSV Ct range = 18.86 - 44.24.
- ❖ Efficiency of Multiplex PCR assay = 98% -100%
- ❖ Cell count = *A. polyphaga* max, clinical specimen mini
- ❖ Duplex PCR detects 1/1000000 dilution of *A. strains*
- ❖ Monoplex PCR assay detects 1/100000 dilution
- ❖ No detection of *A. astronyx*.
- ❖ Reproducibility CoV of 0.822 and 0.602 .

Sensitivity = 100%, Specificity = 98% and 100%

Discussion

During early stages *Acanthamoeba* keratitis usually represents with mimic herpetic epithelial keratitis. This can lead to either missed or delayed diagnosis of keratitis that can cause severe ocular damage. Therefore, the purpose of this study was to develop a multiplex PCR assay that can diagnose AK and HK simultaneously.

The corneal scraping sample is the preferred sample for reliable diagnosis of AK. This is because *Acanthamoeba* penetrates deep into cornea, therefore superficial swabs or tears are often unsuitable for AK detection in advance stages of infection or if pre-treated with antibiotics.

The set of all primers and probes used in this assay run at a 60°C elongation temperature, therefore, the assay can be loaded on a single PCR plate in one well to achieve high sensitivity and short turnaround time.

There are some limitations, such as, the new assay was unable to detect *Acanthamoeba astronyx*, a small number of positive *Acanthamoeba* were tested and the assay contains HSV probe 1 & 2 with same fluorescence dye. Therefore, this project could be improved by using two separate fluorescence dyes for HSV probe 1 and 2.

Once the assay is put into a routine use by Roche flow, it is expected that majority of the samples would be tested on the same day to get results within 24 hours.

This assay improves the turnaround time for keratitis diagnosis and reporting of the results to benefit patient management with use of appropriate and targeted antibiotic treatment.

Conclusions

- ❑ This Multiplex PCR assay provides better sensitivity and specificity to both *Acanthamoeba* and HSV, also ensure the sample quality and extraction process.
- ❑ However, one culture positive *Acanthamoeba* strain (*A. Astronyx*) was not detected by this Multiplex PCR assay.
- ❑ Therefore, culturing of *Acanthamoeba* specimen cannot be discontinued, but will be augmented by PCR.
- ❑ This assay is a great success to provide fast and accurate diagnosis of *Acanthamoeba* and herpetic keratitis.

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References

- Karsenti, N., et al. (2017) 'Development and validation of a real-time PCR assay for the detection of clinical *acanthamoeba*', BMS Res Notes; 10:355.
- Riviere, D., et al. (2006) 'Development of a real-time PCR assay for quantification of *Acanthamoeba* trophozoites and cysts', Journal of Microbiology Methods; 64:78–83.
- Shoji, J., Sakimoto, T., et al. (2016) 'A diagnostic method for herpes simplex keratitis by simultaneous measurement of viral DNA and virus-specific secretory IgA in tears: an evaluation. Jpn J Ophthalmology; 60: 294-301.
- Stuart, P. M., Keadle, T. L. (2012) 'Recurrent herpetic stromal keratitis in mice a model for studying human HSK. Clinical and Developmental Immunology; 2012: 1-10.

Assay	No of samples	PCR positive	Sensitivity (%) (95 % CI)	Specificity (%) (95 % CI)
Acanthamoeba	50	3	100	98
			20% to 100%	88% to 100%
HSV	60	18	100	100
			78% to 100%	90% to 100%